



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/657,431	
	Filing Date	September 7, 2000	
	First Named Inventor	Dominique P. BRIDON	
	Art Unit	1654	
	Examiner Name	B. D. CHISM	
Total Number of Pages in This Submission	11	Attorney Docket Number	500862001400

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form – (in duplicate, 2 pgs.)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition – (Withdraw Application from Issue – 2 pgs.)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. RCE Transmittal (1 pg.)
<input checked="" type="checkbox"/> Information Disclosure Statement – 3 pgs.	<input type="checkbox"/> CD, Number of CD(s) _____	2. Petition Fee (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	3. PTO/SB/08a/b (1 pg.)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	4. 6 Cited References
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		5. Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

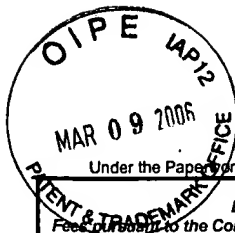
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	March 8, 2006	Reg. No.	38,651

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV731513928US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 9, 2006

Signature:

(Laura Tsang)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fee Schedule to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 525.00

Complete if Known

Application Number	09/657,431
Filing Date	September 7, 2000
First Named Inventor	Dominique P. BRIDON
Examiner Name	B. D. CHISM
Art Unit	1654
Attorney Docket No.	500862001400

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
11	-20 = 0	x 25.00 =	0.00	Fee (\$)	Fee Paid (\$)
				180.00	0.00
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
6	-6 = 0	x 100.00 =	0.00		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	Fees Paid (\$)
2801 Request for continued examination (RCE) (see 37 ...	395.00
1464 Petition Fee Under 37 CFR 1.17(h)	130.00

SUBMITTED BY

Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651	Telephone	(415) 268-6237
Name (Print/Type)	Michael R. Ward	Date	March 8, 2006		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV731513928US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 9, 2006

Signature: *Laura Tsang*

(Laura Tsang)